

Oregon Health Authority Media Briefing, September 7, 2022  
Patrick Allen, Director, Oregon Health Authority  
Dean Sidelinger, MD, MEd, Health Officer and State Epidemiologist

Thank you, Erica.

Good morning, I'm Patrick Allen, director of Oregon Health Authority (OHA).

First, I'd like to talk about some changes we're making about how we provide information about COVID-19 in our state.

As time goes by, our response to the COVID-19 pandemic continues to evolve as circumstances evolve. We're now at a time and place where the incidence of disease has dropped.

Large numbers of people in Oregon are vaccinated and boosted, or have developed immunity from a COVID infection, and the rate of hospitalizations and deaths has decreased significantly.

We've also just gotten authorization to administer an updated bivalent booster that protects against the original COVID-19 strain and the predominant BA.4 and BA.5 subvariants.

So we are in a much different place than when we started our data reporting. Today I want to share some upcoming changes to the cadence of our reporting.

There's now less need for the level of data we previously reported for someone to act upon daily. We are at a place closer to other respiratory viruses, where people need to know how we are doing generally.

Shifting our reporting to match where we are in the pandemic will also allow us to free up resources that can be used for responding to other public health events that are equally important.

That doesn't mean the pandemic is over, or that COVID-19 data is not important, or there aren't continued risks. The resources that go into as much daily data as

we're reporting can be better spent elsewhere at this stage. By elsewhere, I mean things like our broader respiratory virus response, managing the monkeypox outbreak, the work we are doing to eliminate health inequities and better responding to other diseases.

Starting next week, on Wednesday, Sept. 14, we will shift from producing a daily COVID-19 Data Update to reporting cases weekly. We will continue to publish a summary table with downloadable data, including county-level confirmed and presumptive case counts, county-level COVID-19-related deaths, county-level COVID-19 tests and state-level emergency department visits for COVID-19-like illnesses. Most other COVID-19 dashboards, including the COVID-19 Cases by Zip Code, COVID-19 vaccination dashboards, Pediatric Report, Case Demographics and Disease Severity will be updated monthly on the second Wednesday of the month.

We will also shift our biweekly COVID-19 Data Report and COVID-19 Congregate Care Setting Outbreak Report from every other week to monthly and our monthly Breakthrough Report will become a dashboard of cases by vaccination status updated monthly.

But as I said, this does not mean the pandemic is over. We will continue to publish a lot of COVID-19 data that you can use to make decisions about how to best keep you, your loved ones and your communities safe.

Now I'm going to hand it over to Dr. Sidelinger to provide an update on the status of the pandemic and the new updated bivalent booster.

### **Dean Sidelinger, MD, MEd, Health Officer and State Epidemiologist**

Thank you, Director Allen. Good morning, everyone. I'm Dr. Dean Sidelinger, health officer and state epidemiologist at Oregon Health Authority.

Today, I'll be giving an update on the state's continued response to COVID-19 and providing more details on the COVID-19 vaccine boosters that Director Allen mentioned. Doses have already started arriving around the state at local public health authorities, federally qualified health centers, Tribal clinics, health care providers, pharmacies, OHA-run community clinics and high-volume vaccination sites.

I also will provide on an update on monkeypox (hMPXV), which continues to spread in Oregon, the United States and globally.

First, I want to highlight the improving trends we are seeing with COVID-19 in Oregon.

Since OHA's last update, on Aug. 17, daily reported case counts have decreased from a rolling seven-day average of 817 cases reported Aug. 17, to 495 reported Sept. 6. This continues to track the trends that the Centers for Disease Control and Prevention is reporting nationally. In Oregon, test positivity dropped from 9.2% reported the week of Aug. 21 to 8.0% reported the week of Aug 28.

As we continue to share in our monthly updates, the number of reported cases does not capture the full story. Many people are using at-home tests, and the results are not reported to public health. Many others also are not testing.

However, reported tests and wastewater monitoring around the state are showing slight declines but still high levels of COVID-19 in our communities. OHA's partnership with communities statewide and Oregon State University to monitor COVID-19 transmission through wastewater surveillance shows Oregon saw its last peak in mid-July.

On Sept. 2, the CDC reported one of Oregon's 36 counties (Malheur) was at the CDC's high COVID-19 community level, indicating high levels of COVID-19 and increased stress on hospitals. On that day, the CDC reported that 28 counties recorded low community levels of COVID-19.

Our data, current as of the end of August, also continues to show that the Omicron subvariant BA.5 accounts for nearly all sequenced samples.

Now, I want to highlight hospitalization numbers.

Since our update on Aug. 17, the number of hospitalized patients with COVID-19 in Oregon continues to steadily decline, from a peak in mid-July. As of today, the number of COVID-19-positive patients in hospitals is 269.

The latest forecast from Oregon Health & Science University's modeling team led by Dr. Peter Graven, published Sept. 2, reported that as of the start of September, Oregon has seen a 44% drop in COVID-19-positive hospitalized patients from the peak of 464 reached on July 17. Dr. Graven's update also reported that only 6% of occupied ICU beds are filled with COVID-19 patients.

COVID-19-positive patients in hospitals and in ICU care continue to be far below Delta and Omicron surges from the past summer and winter. However, hospitals are still seeing effects of patients with medical conditions, possibly exacerbated by disruptions to care during the pandemic. Pressures on our health care workforce from COVID-19 remain an issue statewide. Some hospitals also cannot fully discharge some patients who may not need hospital-level care. OHA continues to be in close contact with hospital partners and the state Legislature on proposals to support health care systems to address these challenges.

Now I'd like to talk about the important news last week. The Food and Drug Administration (FDA) and the CDC, followed by the Western States Scientific Safety Review Workgroup, gave Emergency Use Authorization to new, Omicron-targeting COVID-19 boosters for the fall. The decision means more than 2.7 million Oregonians are now eligible to receive a booster dose.

The approved Moderna bivalent booster is authorized for persons 18 and older, while the Pfizer booster can be given to persons 12 and older.

Each can be provided to a person two or more months after completing a vaccine series or at least two months after the most recent booster dose. People who are now eligible for a booster also can "mix and match." It does not matter which original vaccine series—Pfizer, Moderna, Johnson & Johnson or Novavax—a person previously received. They now can get either of the two new boosters.

As we head into fall, as more of us spend time indoors, the updated booster will be the best way to protect ourselves and those around us from severe illness and hospitalization caused by the dominant BA.5 and BA.4 COVID-19 subvariants.

The updated booster, from either manufacturer, is safe and effective at preventing severe illness, hospitalizations and even death.

The two boosters were developed using data from animal studies and informed by the large body of the evidence that we have now on COVID-19 vaccines. The Pfizer and Moderna mRNA vaccines each went through extensive clinical trials before these companies updated their formulas for the bivalent booster. This is similar to how our seasonal flu vaccine gets updated every year and is used in the USA and around the world.

The FDA and CDC also determined that the boosters are safe and effective when bundled with other vaccines, such as those for influenza and other diseases, including the monkeypox (hMPXV) vaccine.

Both Moderna and Pfizer's updated boosters have an mRNA component that targets the BA.4 and BA.5 subvariants and an mRNA component that targets the original COVID-19 virus strain.

In addition, no one who is now eligible for a booster needs to have had previous boosters to get the new boosters. They are free, and no insurance or proof of residency is required.

As of today, 69,400 shots have arrived in Oregon—at sites receiving state allocations like local public health partners, at federal sites like Tribal health clinics and at pharmacies. OHA expects two waves of orders to be delivered this week, or 75,500 doses. We also expect a similar number, another 75,500, to be delivered to pharmacies, for a total of at least 150,000, which we believe is enough supply to meet initial demand.

As shipments continue to arrive in Oregon this week, OHA is asking everyone seeking the new updated boosters to be patient. There will be enough boosters this fall. Thank you to everyone who has already rolled up their sleeves to get a booster.

OHA continues to encourage everyone who is interested in receiving the updated booster to check with their health care provider first, to see when the booster will be available, or to check [OHA's website](#) and the [Get Vaccinated Oregon](#) tool. OHA also continues to offer vaccines at community clinics and high-volume sites.

OHA is opening three new high-volume sites this week — in Redmond, Medford and Eugene — in addition to our existing high-volume sites and smaller clinics, and we are regularly updating information on expanded hours and sites on our [news blog](#).

Finally, with flu season upon us, OHA encourages everyone to get their annual flu shot and combine them with their boosters if they can schedule both at the same time. Again, it is safe to get both at the same time. Please check when you schedule your appointment to make sure your provider has both vaccines. Anyone 6 months and older is eligible to receive a flu shot.

Remember that if you do get COVID-19, highly effective treatments, including Paxlovid, are available to help prevent severe disease in those at greatest risk for complications. Learn more about treatments and therapeutics on OHA's [COVID-19 website](#).

OHA continues encouraging anyone who may be at increased risk, because of age or underlying health conditions, to make a plan for how and where you get tested and receive treatment, in case you get COVID-19. Those who don't have a health care provider can contact their local health center or call 211 for assistance.

## **MONKEYPOX COMMENTS/SOGI DATA**

I also would like to take a few moments to provide an update on monkeypox (hMPXV) in Oregon, including some new demographic data we have begun publishing this week, as well as our latest recommendations for monkeypox vaccines, the investigational antiviral drug *tecovirimat* — also known as TPOXX — and when, and for whom, we recommend testing.

### **Data**

First, the latest monkeypox data.

As of today, there are 179 presumptive and confirmed cases of monkeypox in Oregon, with illness onset ranging from June 7 to Aug. 30. The cases are in 8 counties: 5 in Clackamas, 2 in Columbia, 1 in Coos, 21 in Lane, 2 in Marion, 127 in Multnomah, 20 in Washington and 1 in Union.

About 9.5% of cases identify as Mexican and 8.9% of cases identify as Other Hispanic or Latino/a/x/e. Case counts for South American and Central American were too low to calculate a percent.

Nationwide, according to the CDC, there are more than 20,700 cases in all 50 states, the District of Columbia and Puerto Rico. They are among nearly 55,000 cases in 100 countries.

My thoughts are with all of those who have become ill with this virus, or know someone who has been affected. People often experience discomfort and severe pain which can last for weeks.

Starting today, OHA, in consultation with its Equity and Inclusion Division as well as community partners, will begin monthly reporting of monkeypox case data by race, ethnicity, language or disability, known as REALD, and by sexual orientation or gender identity, or SOGI.

In 2021, the Oregon Legislature passed House Bill 3159, which charged OHA with drafting and adding SOGI questions to the current data collection standards in OHA Oregon Administrative Rules; building a data collection system for both REALD and SOGI; and developing and implementing reporting requirements.

OHA and local public health partners have been collecting SOGI information from people diagnosed with monkeypox since the start of the outbreak in Oregon. By publishing REALD and SOGI data, we and our local public health and community partners can better understand the diversity of the people living in Oregon, which helps us identify and address health disparities and support data justice in communities most affected by health disparities.

While the narrative of monkeypox in the United States has centered on cisgender gay men as the population most affected by the virus, this narrative does not reflect the full spectrum of people who have been affected by monkeypox. SOGI data help illuminate the experiences of people with other gender identities and sexual orientations in the Oregon outbreak of monkeypox.

This new monthly reporting of REALD and SOGI data supports data justice and OHA's strategic goal of eliminating health inequities by 2030. It is a reminder that data are not neutral or objective, but rather are products of unequal social

relations – having this context is essential for conducting accurate, ethical analyses and ensuring meaningful access to services for everyone in Oregon.

## Vaccines, Antivirals

Next, I'd like to touch briefly on monkeypox vaccines and antivirals.

Oregon has distributed, or is in the process of distributing, more than 40,080 doses (8,016 vials) of the Jynneos vaccine and 263 courses of the investigational antiviral drug known as *tecovirimat* — or TPOXX — since June 20. According to our ALERT Immunization Information System database, 7,530 Jynneos doses have been administered so far. We know that more than that have been administered, but those 7,530 doses are what's been entered into ALERT thus far. We continue to work with our partners to redistribute any leftover doses they may have to ensure a continued, steady flow of vaccines to communities where they're most needed.

As of today, Oregon has fewer than 5,310 doses (1,062 vials) left in stock.

When I last spoke to you in early August, I shared that supplies of the Jynneos vaccine were, at that time, very limited. As a result, we were focusing on a vaccination approach that prioritized first doses — and only recommending second doses 28 days after dose 1 for people most at risk for severe disease — so we could provide vaccine to as many people as possible, as quickly as possible.

I'm happy to report that as our monkeypox vaccine availability continues to grow at a steady pace, we are adjusting our strategy and encouraging providers to begin administering second doses at the 28-day mark to patients who have already received their first dose of Jynneos. That means we are no longer asking people who had their first dose and are not high risk to hold off two to three months before getting their second dose. This is great news and speaks to incredible work of local public health authorities, health care partners and community-based organizations to stay nimble and efficient in getting the vaccine to those most at risk and in need. We appreciate everyone's patience during this challenging time.

Part of this increased vaccine availability can be attributed to another new strategy, which is a shift to intradermal injections from the more traditional shots administered subcutaneously, or in the tissue between the skin and the muscle. On Aug. 9, the FDA issued an emergency use authorization (EUA) for intradermal injection of the Jynneos vaccine. This method, in which the vaccine is injected just



under the skin in a similar way to how a tuberculosis test is administered, allows for more vaccine doses — as many as five — to be drawn from each vial.

A 2015 study showed that a smaller dose of the vaccine delivered intradermally produced the same antibody level as a larger dose delivered subcutaneously.

We also are encouraging providers to consider treatment with the TPOXX antiviral drug for people infected with monkeypox when they are first diagnosed to prevent complications, lessen symptoms and potentially decrease risk for transmission, whether or not they have severe disease or are at risk for severe disease. And like the Jynneos vaccine, TPOXX is safe, well-tolerated and effective.

## Testing

Finally, testing.

We are encouraging providers to test their patients for monkeypox (hMPXV) even if they only suspect the virus based on the patient's symptoms. Testing is available through multiple commercial laboratories as well as the Oregon State Public Health Laboratory.

If people want to find out how to access testing, or vaccines and treatments, and take additional steps to protect themselves and others, they can check out OHA's monkeypox website, [www.oregon.gov/oha/PH/Monkeypox/](http://www.oregon.gov/oha/PH/Monkeypox/).

We also continue to recommend people talk to their health care providers about monkeypox testing, particularly if they have symptoms they believe to be symptoms of monkeypox, even if they are not in a high-risk category, such as if they are pregnant or immunocompromised.

## Final Comments

Thanks again to everyone in Oregon who continues to look after each other and their neighbors. As you start heading back indoors, all of us can still wear well-fitting masks in indoor settings to protect others and ourselves. For those at high risk, or people caring for or living with someone at high risk, wearing a mask in indoor public places provides extra protection. Wearing masks in areas statewide where we have higher COVID-19 transmission also helps to protect those around you.

And with that I will open it up to questions from reporters.